

<b>United States Bankruptcy Court Northern District of Illinois</b>						<b>Voluntary Petition</b>																					
Name of Debtor (if individual, enter Last, First, Middle): <b>Esquivel, Benjamin R.</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Esquivel, Guadalupe J.</b>																							
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>None</b>				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): <b>fka Guadalupe J. Villafuerte</b>																							
Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all): <b>7685</b>				Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all): <b>6883; EIN: 13-3431958</b>																							
Street Address of Debtor (No. & Street, City, and State) <b>816 Richmond St. Joliet, IL</b>				Street Address of Joint Debtor (No. & Street, City, and State) <b>816 Richmond St. Joliet, IL</b>																							
ZIPCODE <b>60435</b>				ZIPCODE <b>60435</b>																							
County of Residence or of the Principal Place of Business: <b>Will</b>				County of Residence or of the Principal Place of Business: <b>Will</b>																							
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):																							
ZIPCODE				ZIPCODE																							
Location of Principal Assets of Business Debtor (if different from street address above): Attorney: <b>Gary L. Corlew, 00518646 815 N. Larkin Ave., suite 107 Joliet, IL 60435 ph: 815-725-7100</b>																											
<b>Type of Debtor</b> (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and provide the information requested below) State type of entity: _____		<b>Nature of Business</b> (Check all applicable boxes) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Nonprofit Organization qualified under 15 U.S.C. § 501(c)(3)		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Proceeding																							
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business																							
<b>Chapter 11 Debtors:</b> (Check any applicable box) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million				THIS SPACE IS FOR COURT USE ONLY																							
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																											
<b>Estimated Number of Creditors</b> <table style="width: 100%; text-align: center;"> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1000-5000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								1-49	50-99	100-199	200-999	1000-5000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49	50-99	100-199	200-999					1000-5000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000														
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<b>Estimated Assets</b> <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
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\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million																				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				

**Voluntary Petition**

(This page must be completed and filed in every case)

Document

Page 2 of 59

Name of Debtor(s):

Benjamin R. Esquivel &amp; Guadalupe J. Esquivel

**Prior Bankruptcy Case Filed Within Last 8 Years** (If more than one, attach additional sheet)

Location

Where Filed:

Northern District of Illinois

Case Number:

02-40963

Date Filed:

10-18-02

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.
**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.

X /s/ Gary L. Corlew

Signature of Attorney for Debtor(s)

-  
Date**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No
**Certification Concerning Debt Counseling by Individual/Joint Debtor(s)**
☒ I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition.

☐ I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances. (Must attach certification describing.)
**Information Regarding the Debtor (Check the Applicable Boxes)****Venue** (Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.



There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.



Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Statement by a Debtor Who Resides as a Tenant of Residential Property**

Check all applicable boxes



Landlord has a judgment for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord or lessor that obtained judgment)

\_\_\_\_\_  
(Address of landlord or lessor)



Debtor claims that under applicable non bankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and



Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

# Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Benjamin R. Esquivel & Guadalupe J. Esquivel

## Signatures

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by § 342(b) of the Bankruptcy Code.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Benjamin R. Esquivel

Signature of Debtor

**X** /s/ Guadalupe J. Esquivel

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

-

Date

### Signature of a Foreign Representative of a Recognized Foreign Proceedings

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign main proceeding, and that I am authorized to file this petition.

(Check only one box.)



I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.



Pursuant to § 1511 of title 11 United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

### Signature of Attorney

**X** /s/ Gary L. Corlew

Signature of Attorney for Debtor(s)

**GARY L. CORLEW 00518646**

Printed Name of Attorney for Debtor(s)

Firm Name

**815 N. Larkin Ave., suite 107**

Address

**Joliet, IL 60435**

**815-725-7100 attorney@garycorlew.com**

Telephone Number

e-mail

-

Date

### Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110(c).)

Address

**X**

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

Benjamin R. Esquivel and Guadalupe J. Esquivel,  
fka Guadalupe J. Villafuerte

In re \_\_\_\_\_ ,  
Debtor

Case No. \_\_\_\_\_

Chapter 13 \_\_\_\_\_

**Voluntary Petition Continuation Sheet****Prior Bankruptcy Case Filed Within Last 8 Years**

Location

Where Filed: Northern District of Illinois

Case Number:

02-40963

Date Filed:

10-18-02

## **FORM 6. SCHEDULES**

### Summary of Schedules

Schedule A - Real Property  
Schedule B - Personal Property  
Schedule C - Property Claimed as Exempt  
Schedule D - Creditors Holding Secured Claims  
Schedule E - Creditors Holding Unsecured Priority Claims  
Schedule F - Creditors Holding Unsecured Nonpriority Claims  
Schedule G - Executory Contracts and Unexpired Leases  
Schedule H - Codebtors  
Schedule I - Current Income of Individual Debtor(s)  
Schedule J - Current Expenditures of Individual Debtor(s)

### Unsworn Declaration under Penalty of Perjury

**GENERAL INSTRUCTIONS:** The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C – Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
personal residence 816 Richmond St. Joliet, IL 60435	Tenancy by the Entirety	J	120,000.00	95,791.00
Total ➤			120,000.00	

(Report also on Summary of Schedules.)

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte

Case No.

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		cash debtors' person	J	25.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Savings Account # 1301220479 First Midwest Bank 50 W. Jefferson St. Joliet, IL	J	2,500.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		misc. household goods debtor's residence	J	1,000.00
5. Books, Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		personal clothing debtors' residence	W	300.00
7. Furs and jewelry.	X			

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte

Case No. \_\_\_\_\_

Debtor

(If known)

## SCHEDULE B - PERSONAL PROPERTY

### (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			



In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte

Case No.

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) in customer lists or similar compilations provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1998 Buick LaSabre debtor's residence	H	5,025.00
		1991 Chevrolet S-10 Blazer debtor's residence	H	1,850.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
0 continuation sheets attached			Total	\$ 10,700.00

(Include amounts from any continuation  
sheets attached. Report total also on  
Summary of Schedules.)



Form B6D  
(10/05)

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte,

Case No. \_\_\_\_\_

Debtor

(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child." See 11 U.S.C §112; Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.			Representing Washington Mutual Bank				0.00	0.00
Fisher & Shapiro, LLC 4201 Lake Cook Road First Floor Northbrook, IL 60062			VALUE \$ 0.00					
ACCOUNT NO. A80148			Furniture				495.00	295.00
Joliet Furniture Mart, Inc. 138 E. Cass Street Joliet, IL 60432		J	VALUE \$ 200.00					
ACCOUNT NO. 00000023789082			Lien: PMSI Security: 1998 Buick LaSabre				5,000.00	0.00
Mazda American Credit P.O. 3139 Milwaukee, WI 53201-3139		J	VALUE \$ 5,025.00					
ACCOUNT NO. 8006462777			Lien: Mortgage Arrearage				14,450.00	0.00
Washington Mutual Bank, F.A. P.O. Box 3139 Milwaukee, WI 53201-3139		J	VALUE \$ 120,000.00					

1 continuation sheets attached

Subtotal  
(Total of this page) \$ 19,945.00  
Total  
(Use only on last page) \$  
(Report total also on Summary of Schedules)

Form B6D - Cont.  
(10/05)

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 8006462777	J	Lien: 1st Mortgage				81,791.00	0.00
Washington Mutual Bank. F.A P.O. Box 3139 Milwaukee, WI 53201-3139		VALUE \$ 110,000.00					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors  
Holding Secured Claims

Subtotal ➤ (Total of this page)	\$ 81,791.00
Total ➤ (Use only on last page)	\$ 101,736.00

Benjamin R. Esquivel and Guadalupe J. Esquivel, fka  
Guadalupe J. Villafuerte  
In re \_\_\_\_\_,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the subsection of the Bankruptcy Code described below which assigns the priority, such as "Sec. 507(a)(4)."

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child." Do not include the name or address of a minor child in this schedule. See 11 U.S.C. § 112; Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. On the last sheet of this Schedule E, report the total of all claims entitled to priority under § 507(a)(1) and § 507(a)(8) in the box labeled "Total of Claims Entitled to Priority under §§ 507(a)(1) and (a)(8)" and report separately the total of all other claims in the box labeled "Total of ALL Claims Entitled to Priority." Report these totals also on the Summary of Schedules.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### ☐ Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### ☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

#### ☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925\* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

#### ☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte,  
Debtor

Case No. \_\_\_\_\_  
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte,

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. Proc. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 117310 Alarm One c/o McCauley & Associate Co. 5454 State Road Cleveland, OH 44134 -1258	J	Consideration: Alarms & Security				944.83
ACCOUNT NO. 6572 Allied Anesthesia Associates 185 Penny Ave. East Dundee, IL 60118		Incurred: 7/30/03 Consideration: Medical services				25.00
ACCOUNT NO. 16973556 America Online c/o Goodwin & Bryan, LLP P.o. Box 221406 Cleveland, OH 44122		Consideration: Computer Services				33.90
ACCOUNT NO. 532329892 America Online c/o Coporate Collections Services, Inc. 23220 Chargin Blvd. #400 Cleveland, OH 44122		Consideration: Computer Equipment				57.80
<div> <div>11 continuation sheets attached</div> <div> <div>Subtotal ➤</div> <div>(Total of this page)</div> </div> <div> <div>Total ➤</div> <div>(Use only on last page)</div> </div> </div>						<div>\$ 1,061.53</div> <div>\$</div>

(Report total also on Summary of Schedules)

Form B6F - Cont.  
(10/05)

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 013000077962 Associated Pathologists of Joliet 330 Madison St. Suite 200A Joliet, IL 60435		Consideration: Medical services				18.00
ACCOUNT NO. Associated Radiologist c/o P.O. 3837 Springfield, IL 62708 - 3837						11.00
ACCOUNT NO. various Associated Radiologist P.O. 3837 Springfield, IL 62708 - 3837		Consideration: Medical services				44.00
ACCOUNT NO. 01-94110-849490010085645-01 AT & T Broadband P.O. Box 173885 Denver, CO 80217 -3885	J	Consideration: Cable				184.16
ACCOUNT NO. 00104629 Borders, Michael MD 1301 Copperfield Ave. Suite 110 Joliet, IL 60432	J	Consideration: Medical services				40.00

Sheet no. 1 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 297.16  
(Total of this page)  
Total > \$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)



Form B6F - Cont.  
(10/05)

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 21549633 Chicago Tribune P.O. 6490 Chicago, IL 60680 -6490	J	Consideration: Subscriptions				10.00
ACCOUNT NO. Credit Protection Association 1355 Noel Road Dallas, TX 75240		Representing AT &T Broadband				0.00
ACCOUNT NO. 1095675 Creditors Discount and Audit Co 415 E Main Street P.O. Box 213 Streator, IL 61364 -0213		Consideration: Various				321.00
ACCOUNT NO. 1398818 Creditors' Collection Bureau, Inc PO Box 63 Kenkakee, IL 60901-0063		Representing Provena St. Joseph Medical Center and Associated Radiologists				0.00
ACCOUNT NO. 950900 DCP of Illinois, Ltd. Dental Care Partners 3340 Mall Loop Drive/Sears Joliet, IL 60435	J	Consideration: Medical services				61.00

Sheet no. 2 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal	\$ 392.00
(Total of this page)	
Total	\$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.  
(10/05)

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8020000131462 DuPage Pathology Associates SC 641 E. Butterfield Rd. Suite 407 Lombard, IL 60148	J	Consideration: Medical services				15.00
ACCOUNT NO. Multiple Emergency Health Care Physician 200 E. Chicago Ave. Suite 202 Westmont, IL 60559	J					580.00
ACCOUNT NO. 80501019228661164 Fingerhut Credit Advantage c/o Axsys National Bank P.O. Box 5033 Sioux Falls, SD 57117-5033	J	Consideration: Credit card debt				166.82
ACCOUNT NO. Multiple Accounts Fischer Mangold/Joliet Dept No. 05662 P.O. Box 39000 San Francisco, CA 94139-5662	J	Consideration: Medical services				274.00
ACCOUNT NO. Freedman, Anselmo et al 1807 W Diehl Road, Suite 200 P.O. Box 3107 Naperville, IL 60566 -7107		Representing: Household Finance Corporation				0.00

Sheet no. 3 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal	\$ 1,035.82
(Total of this page)	
Total	\$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.  
(10/05)

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Gold Key Credit, Inc. 625 U.S. Hwy., Suite 105 Key West, FL 33040 -5625		Representing Fischer/Mangold Joliet				0.00
ACCOUNT NO. Multiple Hinsdale Hospital 120 N. Oak Street Hinsdale, IL 60521	J	Consideration: Medical services				30.00
ACCOUNT NO. 454-75-7685 Household Finance Corporation P.O. Box 8603 Elmhurst, IL 60126	H	Consideration: Judgement				640.57
ACCOUNT NO. 8801629-1 Illinois Collection Services P.O Box 646 Oak Lawn, IL 60454-0646		Representing Joliet Radiological Services				0.00
ACCOUNT NO. IMBS P.O. Box 189053 Plantation, FL 33318 -9053		Representing Emergency Healthcare Physicians				0.00

Sheet no. 4 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal	\$ 670.57
(Total of this page)	
Total	\$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.  
(10/05)

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. IMBS P.O. Box 189053 Plntation, FL 33318-9053		Representing: Fischer Mangold/Joliet				0.00
ACCOUNT NO. 60-7450733 Joliet Radiological Service Corp 36910 Treasury Ctr Chicago, IL 60694-6900	J	Consideration: Medical services				25.00
ACCOUNT NO. KCA Financial Services 628 North Street PO Box #53 Geneva, IL 60134		Consideration: Medical services Representing Provena St. Josph Medical Center				0.00
ACCOUNT NO. Malcolm S Gerald & Assoc, Inc. 332 S Michigan Ave. Suite 514 Chicago, IL 60604		Representing: Hinsdale Hospital				0.00
ACCOUNT NO. 5996814 Medical Recovery Specialists, Inc. 2200 East Devon Avenue Suite 288 Des Plaines, IL 60018- 4519		Consideration: Medical services Representing Prairie Emergency Services				0.00

Sheet no. 5 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 25.00  
(Total of this page)  
Total > \$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.  
(10/05)

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Merchants Credit Guide Co Executive Offices 223 W Jackson Blvd Chicago, IL 60606		Representing Fischer Mangold/Joliet				0.00
ACCOUNT NO. E1401235 National Loan Recoveries, LLC 2777 Summer Street Stamford, CT 06905 -4333		Representing: Household Finance				0.00
ACCOUNT NO. Northland Group, Inc. P.O. Box 390846 Edina, MN 55439		Representing Fingerhut Credit Advantage				0.00
ACCOUNT NO. OSI Collection Services, Inc. 1375 E. Woodfield, Road Schaumburg, IL 60173 -6447		Consideration: Medical services Representing Silver Cross Hospital				0.00
ACCOUNT NO. 126334, Prairie Emergency Services P.O. Box 2669 Joliet, IL 60434		Incurred: 2/17/06 Consideration: Medical services				231.00

Sheet no. 6 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 231.00  
(Total of this page)  
Total > \$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.  
(10/05)

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 040301 Prairie Emergency Services P.O. Box 2669 Joliet, IL 60434		Incurred: 2/16/06 Consideration: Medical services				88.89
ACCOUNT NO. 100377 Prairie Emergency Services P.O. Box 2669 Joliet, IL 60434	W	Consideration: Medical services				25.00
ACCOUNT NO. 006638 Prairie Emergency Services P.O. Box 2669 Joliet, IL 60434		Consideration: Medical services				172.00
ACCOUNT NO. DC0025950628 Provena Saint Joseph Medical Center 333 N. Madison Joliet, Illinois 60435		Consideration: Medical services				75.00
ACCOUNT NO. DC0026152310 Provena Saint Joseph Medical Center 333 N. Madison Joliet, Illinois 60435		Incurred: 2/17/06 Consideration: Medical services				488.15

Sheet no. 7 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 849.04  
(Total of this page)  
Total > \$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.  
(10/05)

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. DC0025442436 Provena Saint Joseph Medical Center 333 N. Madison Joliet, Illinois 60435		Incurred: 4/12/03 Consideration: Medical services				75.00
ACCOUNT NO. DC0025474751 Provena Saint Joseph Medical Center 333 N. Madison Joliet, Illinois 60435		Incurred: 6/1/03 Consideration: Medical services				75.00
ACCOUNT NO. DC0025925070 Provena Saint Joseph Medical Center 333 N. Madison Joliet, Illinois 60435		Consideration: Medical services				75.00
ACCOUNT NO. DC0026066897 Provena Saint Joseph Medical Center 333 N. Madison Joliet, Illinois 60435		Incurred: 10/16/05 Consideration: Medical services				4,235.98
ACCOUNT NO. DC0025875400 Provena Saint Joseph Medical Center 333 N. Madison Joliet, Illinois 60435		Consideration: Medical services				37.55

Sheet no. 8 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 4,498.53  
(Total of this page)  
Total > \$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.  
(10/05)

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. DC0025391072 Provena Saint Joseph Medical Center 333 N. Madison Joliet, Illinois 60435		Consideration: Medical services				89.95
ACCOUNT NO. DC0023564453 Provena Saint Joseph Medical Center 333 N. Madison Joliet, Illinois 60435		Consideration: Medical services				1,249.30
ACCOUNT NO. DC0026132159 Provena Saint Joseph Medical Center 333 N. Madison Joliet, Illinois 60435		Consideration: Medical services				201.12
ACCOUNT NO. Risk Management Alternatives 4360 Northeast Expy/DP-52N Atlanta, GA 30340		Representing: Hinsdale Hospital				0.00
ACCOUNT NO. 10000004464 Roland Pediatrics 1301 Copperfiled Ave Suite 104 Joliet, IL 60432	J	Consideration: Medical services				123.00

Sheet no. 9 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 1,663.37  
(Total of this page)  
Total > \$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)



Form B6F - Cont.  
(10/05)

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. various Silver Cross Hospital 1200 Maple Road Joliet, IL 60432		Consideration: Medical services				348.76
ACCOUNT NO. F018066514 Silver Cross Hospital 1200 Maple Road Joliet, IL 60432		Incurred: 6/15/05 Consideration: Medical services				75.00
ACCOUNT NO. various St. Joseph Medical Center 333 N Madison Street Joliet, IL 60435 -6595		Consideration: Medical services				997.92
ACCOUNT NO. 294552 Suburban Chicago Newspapers P.O. 4340 Carol Stream, IL 60197-4340	J	Consideration: Subscriptions				16.00
ACCOUNT NO. Tri-County Accounts Bureau, Inc. P.O. Box 515 Wheaton, IL 60189 -0515		Representing: Emergency Healthcare Physicians				0.00

Sheet no. 10 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 1,437.68  
(Total of this page)

Total > \$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.  
(10/05)

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte,  
Debtor

Case No. \_\_\_\_\_  
(If known)

# **SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS** (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 454-75-7685 Will County Courthouse 14 W. Jefferson Street Joliet, IL 60432	J	Consideration: Fines				750.00
ACCOUNT NO. 95 Women's and Children's Health 330 N Madison Suite 202 Joliet, IL 60435	J	Consideration: Medical services				40.00
ACCOUNT NO. 2539100A101 Yatin Shah MD 34609 Eagle Way Chicago, IL 60678-1346	J	Consideration: Medical services				165.00
ACCOUNT NO. 414900A101 Yatin Shah, MD 34609 Eagle Way Chicago, IL 60678 -1346		Incurred: 8/03/05 Consideration: Medical services				15.00
ACCOUNT NO.						

Sheet no. 11 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal	\$ 970.00
(Total of this page)	
Total	\$ 13,131.70

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte

Case No. (if known)

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor’s interest in contract, i.e., “Purchaser,” “Agent,” etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating “a minor child.” See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

☒

 Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte  
**Debtor**

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child." See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Form B61  
10/05

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte  
Debtor

Case No. (if known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 7, 11, 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status:  Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP daughter son	AGE 13 9
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	laborer	inventory clerk
Name of Employer	Sheffield Steel - Joliet	Sony Music Entertainment Inc.
How long employed	13 yrs.	8 yrs.
Address of Employer	Industry Ave.	550 Madison Ave. - 55504
	Joliet, IL 60435	New York, NY 10022-3211

**Income:** (Estimate of monthly income as of the filing of the petition)

	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.)	\$ 2,662.83	\$ 2,801.50
2. Estimated monthly overtime	\$ 151.66	\$ 0.00
3. SUBTOTAL	\$ 2,814.49	\$ 2,801.50
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 667.33	\$ 452.83
b. Insurance	\$ 2.16	\$ 316.33
c. Union Dues	\$ 0.00	\$ 0.00
d. Other (Specify: (D)uniforms)	\$ 21.66	\$ 0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 691.15	\$ 769.16
6.. TOTAL NET MONTHLY TAKE HOME PAY	\$ 2,123.34	\$ 2,032.34
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ 0.00	\$ 0.00
8. Income from real property	\$ 0.00	\$ 0.00
9. Interest and dividends	\$ 0.00	\$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ 0.00	\$ 0.00
11. Social security or other government assistance (Specify)	\$ 0.00	\$ 0.00
12. Pension or retirement income	\$ 0.00	\$ 0.00
13. Other monthly income (Specify)	\$ 0.00	\$ 0.00
14. SUBTOTAL OF INCOME REPORTED ON LINES 7 THROUGH 13	\$ 0.00	\$ 0.00
15. TOTAL MONTHLY INCOME (Add amounts shown on Lines 6 through 14.)	\$ 2,123.34	\$ 2,032.34
16. TOTAL COMBINED MONTHLY INCOME \$ 4,155.68		(Report also on Summary of Schedules)
17. Describe any increase [or decrease] in income anticipated to occur within the year following the filing of this document:		

None

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte

Case No. \_\_\_\_\_

**Debtor**

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	937.00
a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No _____		
b. Is property insurance included? Yes <input checked="" type="checkbox"/> No _____		
2. Utilities: a. Electricity and heating fuel	\$	160.00
b. Water and sewer	\$	30.00
c. Telephone	\$	65.00
d. Other <u>cellular/pager</u>	\$	75.00
3. Home maintenance (repairs and upkeep)	\$	85.00
4. Food	\$	500.00
5. Clothing	\$	150.00
6. Laundry and dry cleaning	\$	86.00
7. Medical and dental expenses	\$	100.00
8. Transportation (not including car payments)	\$	225.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	0.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	200.00
e. Other _____	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	0.00
b. Other _____	\$	0.00
c. Other _____	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other <u>school</u>	\$	20.00
18. TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	\$	2,633.00
19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: None		
20. STATEMENT OF MONTHLY NET INCOME		
a. Total projected monthly income (Includes spouse income of \$2,032.34. See Schedule I)	\$	4,155.68
b. Total projected monthly expenses	\$	2,633.00
c. Monthly net income (a. minus b.) (Net includes Debtor/Spouse combined Amounts)	\$	1,522.68

[Chapter 12 and 13 Debtors Only: State amount and whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.]

21. Total amount to be paid into plan \$ 0.00 each 0.00 (interval).

Form 6-Summary  
(10/05)

# United States Bankruptcy Court

## Northern District of Illinois

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte

Debtor

Case No. \_\_\_\_\_

Chapter 13

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities."

#### AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A – Real Property	YES	1	\$ 120,000.00		
B – Personal Property	YES	3	\$ 10,700.00		
C – Property Claimed as exempt	YES	1			
D – Creditors Holding Secured Claims	YES	2		\$ 101,736.00	
E - Creditors Holding Unsecured Priority Claims	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	12		\$ 13,131.70	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 4,155.68
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 2,633.00
<b>TOTAL</b>		25	\$ 130,700.00	\$ 114,867.70	

Form 6-Summ2  
(10/05)

## United States Bankruptcy Court Northern District of Illinois

In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte

Debtor

Case No. \_\_\_\_\_

Chapter 13

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES (28 U.S.C. § 159) [Individual Debtors Only]

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

The foregoing information is for statistical purposes only under 28 U.S.C § 159.



In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Villafuerte  
Debtor

Case No. \_\_\_\_\_  
(If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 26  
sheets, and that they are true and correct to the best of my knowledge, information, and belief. *(Total shown on summary page plus 1.)*

Date \_\_\_\_\_

Signature: /s/ Benjamin R. Esquivel  
Debtor:

Date \_\_\_\_\_

Signature: /s/ Guadalupe J. Esquivel  
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name of Bankruptcy Petition Preparer \_\_\_\_\_

Social Security No. \_\_\_\_\_  
*(Required by 11 U.S.C. § 110.)*

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.*

Address \_\_\_\_\_

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_ Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information, and belief. *(Total shown on summary page plus 1.)*

Date \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
[Print or type name of individual signing on behalf of debtor.]

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

Benjamin R. Esquivel and Guadalupe J. Esquivel, fka  
Guadalupe J. Villafuerte

In Re

Case No. \_\_\_\_\_  
(if known)

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT	SOURCE
2006(db)	12738	
2005(db)	31514	
2004(db)	30037	
2006(jdb)	12192	
2005(jdb)	31539	
2004(jdb)	30992	

**2. Income other than from employment or operation of business**

None  
☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

**3. Payments to creditors**

None  
☒

*Complete a. or b., as appropriate, and c.*

*a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF  
PAYMENTS

AMOUNT  
PAID

AMOUNT STILL  
OWING

None  
☒

*b. Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,000. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR  
AND RELATIONSHIP TO DEBTOR

DATES OF  
PAYMENTS

AMOUNT  
PAID

AMOUNT STILL  
OWING

None  
☒

*c. All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR  
AND RELATIONSHIP TO DEBTOR

DATES OF  
PAYMENTS

AMOUNT PAID

AMOUNT STILL  
OWING

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Washington Mutual v. Villafuerte, et al., Will Co. case no. 02 CH 1604	mortgage foreclosure	Will Co., IL	judgment of foreclosure entered
Creditors Dscount & Audit v. Esquivel, case no. 06 SC 3244	suit for money judgment	Will County Circuit Court Joliet, IL	unknown

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
--	--------------------	--------------------------------------

**5. Repossessions, foreclosures and returns**

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Washington Mutual Bank. F.A P.O. Box 3139 Milwaukee, WI 53201-3139		residence at 816 Richmond St, Joliet, IL Value: \$120,000

**6. Assignments and Receiverships**

None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT	
None <input checked="" type="checkbox"/>	b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY

**7. Gifts**

None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	---	--------------

**9. Payments related to debt counseling or bankruptcy**

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gary L. Corlew 815 N. Larkin Ave., suite 107 Joliet, IL 60435	3-23-06	\$2,200

**10. Other transfers**

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
--	------	--

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None ☒ NAME OF TRUST OR OTHER DEVICE DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

**11. Closed financial accounts**

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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**12. Safe deposit boxes**

None  
☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	---	-------------------------	---------------------------------------

**13. Setoffs**

None  
☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

**14. Property held for another person**

None  
☒

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------

**15. Prior address of debtor**

None  
☒

If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Sites**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	-----------------------



**18. Nature, location and name of business**

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	TAXPAYER I.D. NO. (EIN)	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	----------------------------	---------	--------------------	-------------------------------

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME	ADDRESS
------	---------

**[Questions 19 - 25 are not applicable to this case]**

\* \* \* \* \*

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	-	Signature of Debtor	/s/ Benjamin R. Esquivel BENJAMIN R. ESQUIVEL
Date	-	Signature of Joint Debtor	/s/ Guadalupe J. Esquivel GUADALUPE J. ESQUIVEL

-----  
**CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**  
-----

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

\_\_\_\_\_  
Printed or Typed Name of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social Security No.  
(Required by 11 U.S.C. § 110(c).)

\_\_\_\_\_  
Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

X

\_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date  
-----

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. §156.*

0 continuation sheets attached

**Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571**

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$220 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$274)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$150 filing fee, \$39 administrative fee: Total fee \$189)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

X  
Signature of Bankruptcy Petition Preparer or officer,  
principal, responsible person, or partner whose Social  
Security number is provided above.

Social Security number (If the bankruptcy petition  
preparer is not an individual, state the Social Security  
number of the officer, principal, responsible person, or partner of  
the bankruptcy petition preparer.) (Required  
by 11 U.S.C. § 110.)

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Benjamin R. Esquivel & Guadalupe J. Esquivel  
Printed Name(s) of Debtor(s)

Case No. (if known) \_\_\_\_\_

X/s/ Benjamin R. Esquivel -  
Signature of Debtor Date

X/s/ Guadalupe J. Esquivel -  
Signature of Joint Debtor (if any) Date

Alarm One  
c/o McCauley & Associate Co.  
5454 State Road  
Cleveland, OH 44134 -1258

Allied Anesthesia Associates  
185 Penny Ave.  
East Dundee, IL 60118

America Online  
c/o Goodwin & Bryan, LLP  
P.O. Box 221406  
Cleveland, OH 44122

America Online  
c/o Coporate Collections Services, Inc.  
23220 Chargin Blvd. #400  
Cleveland, OH 44122

Associated Pathologists of Joliet  
330 Madison St.  
Suite 200A  
Joliet, IL 60435

Associated Radiologist  
c/o  
P.O. 3837  
Springfield, IL 62708 - 3837

Associated Radiologist  
P.O. 3837  
Springfield, IL 62708 - 3837

AT & T Broadband  
P.O. Box 173885  
Denver, CO 80217 -3885

Borders, Michael MD  
1301 Copperfield Ave.  
Suite 110  
Joliet, IL 60432

Chicago Tribune  
P.O. 6490  
Chicago, IL 60680 -6490

Credit Protection Association  
1355 Noel Road  
Dallas, TX 75240

Creditors Discount and Audit Co  
415 E Main Street  
P.O. Box 213  
Streator, IL 61364 -0213

Creditors' Collection Bureau, Inc  
PO Box 63  
Kenkakee, IL 60901-0063

DCP of Illinois, Ltd.  
Dental Care Partners  
3340 Mall Loop Drive/Sears  
Joliet, IL 60435

DuPage Pathology Associates SC  
641 E. Butterfield Rd. Suite 407  
Lombard, IL 60148

Emergency Health Care Physician  
200 E. Chicago Ave. Suite 202  
Westmont, IL 60559

Fingerhut Credit Advantage  
c/o Axsys National Bank  
P.O. Box 5033  
Sioux Falls, SD 57117-5033

Fischer Mangold/Joliet  
Dept No. 05662  
P.O. Box 39000  
San Francisco, CA 94139-5662

Fisher & Shapiro, LLC  
4201 Lake Cook Road  
First Floor  
Northbrook, IL 60062

Freedman, Anselmo et al  
1807 W Diehl Road, Suite 200  
P.O. Box 3107  
Naperville, IL 60566 -7107

Gold Key Credit, Inc.  
625 U.S. Hwy., Suite 105  
Key West, FL 33040 -5625

Hinsdale Hospital  
120 N. Oak Street  
Hinsdale, IL 60521

Household Finance Corporation  
P.O. Box 8603  
Elmhurst, IL 60126

Illinois Collection Services  
P.O. Box 646  
Oak Lawn, IL 60454-0646

IMBS  
P.O. Box 189053  
Plantation, FL 33318 -9053

IMBS  
P.O. Box 189053  
Plntation, FL 33318-9053

Joliet Furniture Mart, Inc.  
138 E. Cass Street  
Joliet, IL 60432

Joliet Radiological Service Corp  
36910 Treasury Ctr  
Chicago, IL 60694-6900

KCA Financial Services  
628 North Street  
PO Box #53  
Geneva, IL 60134

Malcolm S Gerald & Assoc, Inc.  
332 S Michigan Ave.  
Suite 514  
Chicago, IL 60604

Mazda American Credit  
P.O. 3139  
Milwaukee, WI 53201-3139

Medical Recovery Specialists, Inc.  
2200 East Devon Avenue  
Suite 288  
Des Plaines, IL 60018- 4519

Merchants Credit Guide Co  
Executive Offices  
223 W Jackson Blvd  
Chicago, IL 60606

National Loan Recoveries, LLC  
2777 Summer Street  
Stamford, CT 06905 -4333

Northland Group, Inc.  
P.O. Box 390846  
Edina, MN 55439

OSI Collection Services, Inc.  
1375 E. Woodfield, Road  
Schaumburg, IL 60173 -6447

Prairie Emergency Services  
P.O. Box 2669  
Joliet, IL 60434

Prairie Emergency Services  
P.O. Box 2669  
Joliet, IL 60434



Prairie Emergency Services  
P.O. Box 2669  
Joliet, Il 60434

Prairie Emergency Services  
P.O. Box 2669  
Joliet, Il 60434

Provena  
Saint Joseph Medical Center  
333 N. Madison  
Joliet, Illinois 60435

Provena  
Saint Joseph Medical Center  
333 N. Madison  
Joliet, Illinois 60435

Provena  
Saint Joseph Medical Center  
333 N. Madison  
Joliet, Illinois 60435

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333 N. Madison  
Joliet, Illinois 60435

Provena  
Saint Joseph Medical Center  
333 N. Madison  
Joliet, Illinois 60435

Risk Management Alternatives  
4360 Northeast Expy/DP-52N  
Atlanta, GA 30340

Roland Pediatrics  
1301 Copperfiled Ave Suite 104  
Joliet, IL 60432

Silver Cross Hospital  
1200 Maple Road  
Joliet, IL 60432

Silver Cross Hospital  
1200 Maple Road  
Joliet, IL 60432

St. Joseph Medical Center  
333 N Madison Street  
Joliet, IL 60435 -6595

Suburban Chicago Newspapers  
P.O. 4340  
Carol Stream, IL 60197-4340

Tri-County Accounts Bureau, Inc.  
P.O. Box 515  
Wheaton, IL 60189 -0515

Washington Mutual Bank, F.A.  
P.O. Box 3139  
Milwaukee, WI 53201-3139

Washington Mutual Bank. F.A  
P.O. Box 3139  
Milwaukee, WI 53201-3139

Will County Courthouse  
14 W. Jefferson Street  
Joliet, IL 60432

Women's and Children's Health  
330 N Madison Suite 202  
Joliet, IL 60435

Yatin Shah MD  
34609 Eagle Way  
Chicago, IL 60678-1346

Yatin Shah, MD  
34609 Eagle Way  
Chicago, IL 60678 -1346



In re Benjamin R. Esquivel and Guadalupe J. Esquivel, fka Guadalupe J. Esquivel

Debtor(s)

Case Number: \_\_\_\_\_  
(If known)

Check the box as directed in Parts II, Line 14 of this statement:

- ☒ The applicable commitment period is 3 years.  
☐ The applicable commitment period is 5 years.  
☐ Disposable income is determined under § 1325(b)(3)  
☒ Disposable income not determined under § 1325(b)(3)

(Check the boxes as directed in Lines 17 and 23 of this statement.)

## STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME FOR USE IN CHAPTER 13

In addition to Schedule I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

### Part I. REPORT OF INCOME

<b>1</b>	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input checked="" type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 2-10. All figures must reflect average monthly income for the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If you received different amounts of income during these six months, you must total the amounts received during the six months, divide this total by six, and enter the result on the appropriate line.			Column A Debtor's Income	Column B Spouse's Income	
<b>2</b>	Gross wages, salary, tips, bonuses, overtime, commissions.			\$ 1,858.66	\$ 2,363.77	
<b>3</b>	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference on Line 3. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.					
	a.	Gross receipts	\$ 0.00			
	b.	Ordinary and necessary business expenses	\$ 0.00			
	c.	Business Income	Subtract Line b from Line a	\$ 0.00	\$ 0.00	
<b>4</b>	Rents and other real property income. Subtract Line b from Line a and enter the difference on Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.					
	a.	Gross receipts	\$ 0.00			
	b.	Ordinary and necessary operating expenses	\$ 0.00			
	c.	Rental Income	Subtract Line b from Line a	\$ 0.00	\$ 0.00	
<b>5</b>	Interest, dividends and royalties.			\$ 0.00	\$ 0.00	
<b>6</b>	Pension and retirement income.			\$ 0.00	\$ 0.00	
<b>7</b>	Regular contributions to the household expenses of the debtor or the debtor's dependents, including child or spousal support. Do not include contributions from the debtor's spouse.			\$ 0.00	\$ 0.00	
<b>8</b>	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:					
	Unemployment compensation claimed to be a benefit under the Social Security Act		Debtor \$ 0.00	Spouse \$ 0.00	\$ 0.00	\$ 0.00
<b>9</b>	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.					
	a.		\$ 0.00			
	b.		\$ 0.00	\$ 0.00	\$ 0.00	
<b>10</b>	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).			\$ 1,858.66	\$ 2,363.77	
<b>11</b>	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.			4,222.43		

## Part II. APPLICATION OF § 1325(b)(4) COMMITMENT PERIOD

12	Enter the Amount from Line 11.	\$ 4,222.43
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under §1325(b)(4) does not require inclusion of the income of your spouse, enter the amount of the income listed in Line 10, Column B that was NOT regularly contributed to the household expenses of you or your dependents. Otherwise, enter zero.	\$ 0.00
14	Subtract Line 13 from Line 12 and enter the result.	\$ 4,222.43
15	Annualized current monthly income for §1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$ 50,669.16
16	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>Illinois</u> b. Enter debtor's household size: <u>5</u>	\$ 79,042.00
17	<p>Application of §1325(b)(4). Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 15 is less than or equal to the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts III, IV, V or VI.</p> <p><input type="checkbox"/> The amount on Line 15 is more than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with Part III of this statement.</p>	

## Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE

18	Enter the Amount from Line 11.	\$ N.A.
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter the amount of income listed in Line 10, Column B that was NOT regularly contributed to the household expenses of you or your dependents. If you are unmarried or married and filing jointly with your spouse, enter zero.	\$ N.A.
20	Current monthly income for §1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$ N.A.
21	Annualized current monthly income for §1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$ N.A.
22	Applicable median family income. Enter the amount from Line 16.	\$ N.A.
23	<p>Application of §1325(b)(4). Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable Income is determined under §1325(b)(3)." at the top of page 1 of this statement and complete the remaining parts of this statement.</p> <p><input type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for " Disposable Income is not determined under §1325(b)(3)" at the top of page 1 of this statement and continue with Part VII of this statement. Do not complete Parts IV, V or VI.</p>	

## Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)

### Subpart A: Deductions under Standards of the Internal Revenue Service

24	National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	\$ N.A.
25A	Local Standards: housing and utilities; non-mortgage expenses Enter amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	\$ N.A.

25B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 55%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 10%;">\$</td><td style="width: 30%; text-align: center;">N.A.</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td><td>\$</td><td style="text-align: center;">N.A.</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td colspan="2">Subtract Line b from Line a</td></tr> </table>			a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	N.A.	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$	N.A.	c.	Net mortgage/rental expense	Subtract Line b from Line a		\$	N.A.
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	N.A.														
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$	N.A.														
c.	Net mortgage/rental expense	Subtract Line b from Line a															
26	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> <p>_____</p> <p>_____</p> <p>_____</p>			\$	N.A.												
27	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or</p> <p>Enter the amount from IRS Transportation Standards, Operating Costs &amp; Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>			\$	N.A.												
28	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car. (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of that Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 55%;">IRS Transportation Standards, Ownership Costs, First Car</td><td style="width: 10%;">\$</td><td style="width: 30%; text-align: center;">N.A.</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td><td>\$</td><td style="text-align: center;">N.A.</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td colspan="2">Subtract Line b from Line a</td></tr> </table>			a.	IRS Transportation Standards, Ownership Costs, First Car	\$	N.A.	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$	N.A.	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a		\$	N.A.
a.	IRS Transportation Standards, Ownership Costs, First Car	\$	N.A.														
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$	N.A.														
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a															
29	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car. (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of that Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 55%;">IRS Transportation Standards, Ownership Costs, Second Car</td><td style="width: 10%;">\$</td><td style="width: 30%; text-align: center;">N.A.</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td><td>\$</td><td style="text-align: center;">N.A.</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td colspan="2">Subtract Line b from Line a</td></tr> </table>			a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	N.A.	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$	N.A.	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a			N.A.
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	N.A.														
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$	N.A.														
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a															
30	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self em-ployment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales</p>			\$	N.A.												
31	<p>Other Necessary Expenses: mandatory payroll deductions. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as non-mandatory 401(k) contributions.</p>			\$	N.A.												

32	Other Necessary Expenses: life insurance. Enter average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance.	\$ N.A.
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 49.	\$ N.A.
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$ N.A.
35	Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare. Do not include payments made for children's education.	\$ N.A.
36	Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance listed in Line 39.	\$ N.A.
37	Other Necessary Expenses: telecommunication services. Enter the average monthly expenses that you actually pay for cell phones, pagers, call waiting, caller identification, special long distance, or internet services necessary for the health and welfare of you or your dependents. Do not include any amount previously deducted.	\$ N.A.
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$ N.A.

**Subpart B: Additional Expense Deductions under § 707(b)**  
Note: Do not include any expenses that you have listed in Lines 24-37

39	Health Insurance, Disability Insurance and Health Savings Account Expenses. List the average monthly amounts that you actually expend in each of the following categories and enter the total.			\$ N.A.
	a.	Health Insurance	\$ N.A.	
	b.	Disability Insurance	\$ N.A.	
	c.	Health Savings Account	\$ N.A.	
			Total: Add Lines a, b and c	
40	Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.			\$ N.A.
41	Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law.			\$ N.A.
42	Home energy costs in excess of the allowance specified by the IRS Local Standards. Enter the average monthly amount by which your home energy costs exceed the allowance in the IRS Local Standards for Housing and Utilities. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.			\$ N.A.
43	Education expenses for dependent children under 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.			\$ N.A.
44	Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.			\$ N.A.
45	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2)			\$ N.A.
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.			\$ N.A.



## Subpart C: Deductions for Debt Payment

47	<p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Do not include items you have previously deducted, such as insurance and taxes.</p> <table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>60-month Average Payment</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Lines a, b and c</td> </tr> </tbody> </table>				Name of Creditor	Property Securing the Debt	60-month Average Payment	a.			\$	b.			\$	c.			\$				Total: Add Lines a, b and c	\$ N.A.
	Name of Creditor	Property Securing the Debt	60-month Average Payment																					
a.			\$																					
b.			\$																					
c.			\$																					
			Total: Add Lines a, b and c																					
48	<p>Past due payments on secured claims. If any of the debts listed in Line 38 are in default, and the property securing the debt is necessary for your support or the support of your dependents, you may include in your deductions 1/60th of the amount that you must pay the creditor as a result of the default (the "cure amount") in order to maintain possession of the property. List any such amounts in the following chart and enter the total. If necessary, list additional entries on a separate page.</p> <table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt in Default</th> <th>1/60th of the Cure</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Lines a, b and c</td> </tr> </tbody> </table>				Name of Creditor	Property Securing the Debt in Default	1/60th of the Cure	a.			\$	b.			\$	c.			\$				Total: Add Lines a, b and c	\$ N.A.
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49	<p>Payments on priority claims. Enter the total amount of all priority claims (including priority child support and alimony claims), divided by 60.</p>			\$ N.A.																				
50	<p>Chapter 13 administrative expenses. Multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.</p> <table border="1"> <tbody> <tr> <td>a.</td> <td>Projected average monthly Chapter 13 plan payment.</td> <td>\$ N.A.</td> </tr> <tr> <td>b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td>x N.A.</td> </tr> <tr> <td>c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </tbody> </table>			a.	Projected average monthly Chapter 13 plan payment.	\$ N.A.	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x N.A.	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$ N.A.											
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c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b																						
51	<p>Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.</p>			\$ N.A.																				
Subpart D: Total Deductions Allowed under § 707(b)(2)																								
52	<p>Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 38, 46, and 51.</p>			\$ N.A.																				

## Part VI. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	Total current monthly income. Enter the amount from Line 20.	\$ N.A.
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, included in Line 7, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	\$ N.A.
55	Qualified retirement deductions. Enter the monthly average of (a) all contributions or wage deductions made to qualified retirement plans, as specified in § 541(b)(7) and (b) all repayments of loans from retirement plans, as specified in § 362(b)(19).	\$ N.A.
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	\$ N.A.
57	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, and 56 and enter the result.	\$ N.A.
58	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 57 from Line 53 and enter the result.	\$ N.A.

## Part VI: ADDITIONAL EXPENSE CLAIMS

59

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
Total: Add Lines a, b and c		\$ N.A.

## Part VII: VERIFICATION

60

I declare under penalty of perjury that the information provided in this statement is true and correct. *(If this a joint case, both debtors must sign.)*

Date: - Signature: /s/ Benjamin R. Esquivel  
(Debtor)

Date: - Signature: /s/ Guadalupe J. Esquivel  
(Joint Debtor, if any)

## Form 22 Continuation Sheet

	<b>Income Month 1</b>  <table style="width: 100%;"> <tr> <td style="width: 60%;">Gross wages, salary, tips...</td><td style="width: 20%; text-align: right;">1,995.00</td><td style="width: 20%; text-align: right;">2,269.00</td></tr> <tr> <td>Income from business...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Rents and real property income...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Interest, dividends...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Pension, retirement...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Contributions to HH Exp...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Unemployment...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Other Income...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> </table>	Gross wages, salary, tips...	1,995.00	2,269.00	Income from business...	0.00	0.00	Rents and real property income...	0.00	0.00	Interest, dividends...	0.00	0.00	Pension, retirement...	0.00	0.00	Contributions to HH Exp...	0.00	0.00	Unemployment...	0.00	0.00	Other Income...	0.00	0.00	<b>Income Month 2</b>  <table style="width: 100%;"> <tr> <td style="width: 60%;">Gross wages, salary, tips...</td><td style="width: 20%; text-align: right;">1,596.00</td><td style="width: 20%; text-align: right;">2,617.00</td></tr> <tr> <td>Income from business...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Rents and real property income...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Interest, dividends...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Pension, retirement...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Contributions to HH Exp...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Unemployment...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Other Income...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> </table>	Gross wages, salary, tips...	1,596.00	2,617.00	Income from business...	0.00	0.00	Rents and real property income...	0.00	0.00	Interest, dividends...	0.00	0.00	Pension, retirement...	0.00	0.00	Contributions to HH Exp...	0.00	0.00	Unemployment...	0.00	0.00	Other Income...	0.00	0.00
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	<b>Income Month 5</b>  <table style="width: 100%;"> <tr> <td style="width: 60%;">Gross wages, salary, tips...</td><td style="width: 20%; text-align: right;">1,450.00</td><td style="width: 20%; text-align: right;">2,210.00</td></tr> <tr> <td>Income from business...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Rents and real property income...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Interest, dividends...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Pension, retirement...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Contributions to HH Exp...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Unemployment...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Other Income...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> </table>	Gross wages, salary, tips...	1,450.00	2,210.00	Income from business...	0.00	0.00	Rents and real property income...	0.00	0.00	Interest, dividends...	0.00	0.00	Pension, retirement...	0.00	0.00	Contributions to HH Exp...	0.00	0.00	Unemployment...	0.00	0.00	Other Income...	0.00	0.00	<b>Income Month 6</b>  <table style="width: 100%;"> <tr> <td style="width: 60%;">Gross wages, salary, tips...</td><td style="width: 20%; text-align: right;">1,534.00</td><td style="width: 20%; text-align: right;">2,530.66</td></tr> <tr> <td>Income from business...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Rents and real property income...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Interest, dividends...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Pension, retirement...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Contributions to HH Exp...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Unemployment...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Other Income...</td><td style="text-align: right;">0.00</td><td style="text-align: right;">0.00</td></tr> </table>	Gross wages, salary, tips...	1,534.00	2,530.66	Income from business...	0.00	0.00	Rents and real property income...	0.00	0.00	Interest, dividends...	0.00	0.00	Pension, retirement...	0.00	0.00	Contributions to HH Exp...	0.00	0.00	Unemployment...	0.00	0.00	Other Income...	0.00	0.00
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